

2006 STRIKE ZONE PITCHING CLINIC

IMPORTANT INFORMATION!
PLEASE READ AND SAVE!

Clinic Dates: Friday, April 21
1:00 p.m. – 4:00 p.m.

Camp Location: Snowden Park Baseball Fields
(located on Fall Hill Avenue)

Registration: City- March 7th to April 6th
Non-City – March 14th to April 6th
(Registration limited to 60 participants)

Ages: The Strike Zone Pitching Clinic is intended for children age 8 to 15. The participants will be split into their appropriate age and skill groups once the camp begins.

Staff: There will be a program coordinator and aides to teach and advise the participants.

The Clinic: The Strike Zone Pitching Clinic is designed to increase the player's skill and knowledge in a fun and non-competitive environment.

Inclement Weather: In case of inclement weather, please call the cancellation line at 372-1086, then press 2, and then press 1, or listen to B101.5 or 93.3.

Fee: \$10 City/\$15 Non-City
\$10 Late fee after April 6th

STRIKE ZONE

PITCHING CLINIC REGISTRATION

SPRING 2006

CHILD'S NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____ (as of 5/1/06) GENDER: ☐ M ☐ F
mo/day/year

HOME ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/ GUARDIAN'S DAY PHONE: _____

EMERGENCY CONTACT (NOT PARENT):

NAME: _____

PHONE: _____

T-SHIRT SIZE: ☐ M ☐ L ☐ S ☐ M ☐ L ☐ XL ☐ 2XL
YOUTH ADULT

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please

explain: _____

Parent or Legal Guardian

Date

CAMP IS LIMITED TO THE FIRST 60 REGISTRANTS.

DEADLINE: April 6th, 2006

**RETURN COMPLETED FORMS TO THE DOROTHY HART COMMUNITY CENTER
408 CANAL STREET**

FOR OFFICE USE ONLY:

DATE: _____ AMOUNT RECEIVED: \$ _____ RECEIPT #: _____

D.O.B. _____ VERIFIED BY: ☐ New ☐ BC List STAFF INITIALS: _____

AGE WAIVER? _____ FEE WAIVER? _____ AGE WAIVER FORM ATTACHED? _____